Regional Planning Agency, Address and Contact Information

INVOICE # 123456

To: MICHIGAN DEPARTMENT OF				
TRANSPORTATION	Invoice	Invoice Date: 00/00/2018		
[Program Manager]	Final	Yes	X No	
PO Box 30050		(check one)		
Lansing, MI 48909				
Contract/Authorization No.: [2015-00XX/ZX]				
[Program Name]				
[Billing Period: Month/Day/Year -	Month/Day/	Year]		
Labor	\$	0.0	00	
Fringes		0.0	00	
Office Supplies		0.0	00	
Consultant		0.0	00	
Postage		0.0	00	
Indirect		0.0	00	
Equipment				
- Hardware		0.0	00	
- Software		0.0	00	
Travel Expenses				
- Food		0.0	00	
- Lodging		0.0	00	
- Mileage		0.0	00	
Meeting Expense		0.0	00	
Registration/Dues/Subscriptions		0.0	00	
Miscellaneous		0.0	00	
Local Agency Reimbursement		0.0	00	
Total Requested Amount:	<u>\$</u>	0.0	<u>00</u>	
YTD Cost Total	<u>\$</u>	<u></u>	_	
YTD Percent Complete	<u>%</u>	<u> </u>	_	
Agency Approval			_	
MDOT Program Manager			_	
MDOT Supervisor				

CSD Payments _____